



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WASTE MANAGEMENT PROGRAM  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

*Handwritten signature/initials*

**SEND TO** MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM  
P.O. BOX 176, JEFFERSON CITY, MO 65102

**FOR OFFICIAL USE ONLY**

COMMENTS												RECEIVED	
C												JUN 13 1990	
C	INSTALLATION'S EPA ID NUMBER						APPROVED	DATE RECEIVED			510		
							YR.	MO.	DAY	ST LOUIS			
C	MOD985773662						T/A	C					
F						1							

**I. NAME OF INSTALLATION**

C O N T I N E N T A L C E M E N T C O M P A N Y , I N C .

**II. INSTALLATION MAILING ADDRESS**

STREET OR P.O. BOX NUMBER

C 2 1 B R O O K L Y N

CITY OR TOWN STATE ZIP CODE

C 4 S T L O U I S M O 6 3 1 0 2

**III. LOCATION OF INSTALLATION**

STREET AND NUMBER

C 2 1 B R O O K L Y N

CITY OR TOWN STATE ZIP CODE

C 6 S T L O U I S M O 6 3 1 0 2

**IV. INSTALLATION CONTACT**

NAME AND TITLE (LAST, FIRST, AND JOB TITLE) TELEPHONE NUMBER

C 2 E S T E S R I C H A R D M G R . 3 1 4 2 3 1 3 1 4 9

**V. OWNERSHIP**

A. NAME OF INSTALLATION'S LEGAL OWNER B. TYPE OF OWNERSHIP (ENTER CODE)

C R C O N T I N E N T A L C E M E N T P

**IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)**

A. HAZARDOUS WASTE ACTIVITY		B. USED OIL FUEL ACTIVITIES	
<input checked="" type="checkbox"/> 1a. GENERATOR	<input type="checkbox"/> 1b. LESS THAN 1,000 KG./MO.	<input type="checkbox"/> 6. OFF-SPECIFICATION USED OIL FUEL <i>(enter 'X' &amp; mark appropriate boxes below)</i>	
<input type="checkbox"/> 2. TRANSPORTER		<input type="checkbox"/> a. GENERATOR MARKETING TO BURNER	
<input type="checkbox"/> 3. TREATER/ST		<input type="checkbox"/> b. OTHER MARKETER	
<input type="checkbox"/> 4. UNDERGROU		<input type="checkbox"/> c. BURNER	
<input type="checkbox"/> 5. MARKET OR <input type="checkbox"/> A. GENERATOR <input type="checkbox"/> B. OTHER	463016  RCRA RECORDS	<input checked="" type="checkbox"/> 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION	

**VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE**

*(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)*

A. UTILITY BOILER  B. INDUSTRIAL BOILER  C. INDUSTRIAL FURNACE

**VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))**

A. AIR  B. RAIL  C. HIGHWAY  D. WATER  E. OTHER (SPECIFY)

**IX. FIRST OR SUBSEQUENT NOTIFICATION**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

A. FIRST NOTIFICATION  B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

**C. INSTALLATION'S EPA I.D. NUMBER**

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